

DECLARATION AND POWER OF ATTORNEY FOR UNITED STATES PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, and

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if more than one name is listed below) of the subject matter which is claimed and for which a United States patent is sought on the invention entitled

NOVEL HUMAN MITOCHONDRIAL MEMBRANE PROTEIN

the specification of which:

☐ is attached hereto.

☒ was filed on March 7, 1997, as application Serial No. 08/812,645 and if this box contains an X ☐, was amended on _____.

☐ was filed as Patent Cooperation Treaty international application No. _____ on _____, 19____, if this box contains an X ☐, was amended on under Patent Cooperation Treaty Article 19 on _____19____, and if this box contains an X ☐, was amended on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim the benefit under Title 35, United States Code, §119 or §365(a)-(b) of any foreign application(s) for patent or inventor's certificate indicated below and of any Patent Cooperation Treaty international applications(s) designating at least one country other than the United States indicated below and have also identified below any foreign application(s) for patent or inventor's certificate and Patent Cooperation Treaty international application(s) designating at least one country other than the United States for the same subject matter and having a filing date before that of the application for said subject matter the priority of which is claimed:

Country	Number	Filing Date	Priority Claimed
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in said prior application(s) in the manner required by the first paragraph of Title 35, United States Code §112, I acknowledge my duty to disclose material information as defined in Title 37 Code of Federal Regulations, §1.56(a) which occurred between the filing date(s) of the prior application(s) and the national or Patent Cooperation Treaty international filing date of this application:

Application Serial No.	Filed	Status (Pending, Abandoned, Patented)
_____	_____	_____

I hereby appoint the following:

LUCY J. BILLINGS
MICHAEL C. CERRONE

Registration No. 36,749
Registration No. 39,132

respectively and individually, as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Please address all communications to:

LUCY J. BILLINGS, ESQ.
INCYTE PHARMACEUTICALS, INC.
3174 PORTER DRIVE, PALO ALTO, CA 94304

TEL: 415-855-0555 FAX: 415-845-4166

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United

States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

***IMPORTANT:** Before this declaration is signed, the patent application (the specification, the claims and this declaration) must be read and understood by each person signing it, and no changes may be made in the application after this declaration has been signed.

**Sole Inventor or
First Joint Inventor:**

Full name: **JENNIFER L. HILLMAN**

Signature: 

Date: June 27, 1997

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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on 2/19/98

By: E. Durrell

Printed: E. Durrell

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Hillman and Goli

Title: **NOVEL HUMAN MITOCHONDRIAL MEMBRANE PROTEIN**

Serial No.: 08/812,645

Filing Date: March 7, 1997

Examiner: M. Davis

Group Art Unit: 1806

Assistant Commissioner for Patents
Washington, D.C. 20231

ASSOCIATE POWER OF ATTORNEY

Sir:

I hereby appoint the following attorneys, whose post office address is 3174 Porter Drive, Palo Alto, California 94304, as associate attorneys in the above-entitled application, to prosecute this application, to make alterations and amendments therein, and to transact all business in the Patent and Trademark Office connected therewith:

Sheela Mohan-Peterson
Colette C. Muenzen
Karen J. Zeller

Registration No. 41,201
Registration No. 39,784
Registration No. 37,071

Please continue to address all future communications to:

Legal Department
Incyte Pharmaceuticals, Inc.
3174 Porter Drive
Palo Alto, California 94304

Respectfully submitted,
INCYTE PHARMACEUTICALS, INC.

Date: February 18 1998

Lucy J. Billings
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